

County: Milwaukee
ST JOSEPHS HOSPITAL SUBACUTE
5000 WEST CHAMBERS STREET

Facility ID: 8190

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MILWAUKEE 53210 Phone: (414) 447-2080

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/00): 28

Total Licensed Bed Capacity (12/31/00): 28

Number of Residents on 12/31/00: 14

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Non-Profit Church Related

Skilled

No

Yes

16

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100.0	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	0.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14.3			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	57.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	21.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	14.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.1		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	21.4	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0	-----	-----	RNs	66.7	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	0.0	
Other Services	No	Respiratory	14.3	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	42.9	Male	42.9	Aides & Orderlies		
Mentally Ill	No	-----	-----	Female	57.1			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	14	100.0	\$238.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	14	100.0%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	14	100.0		0	0.0		0	0.0		0	0.0		0	0.0		14	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	5.8	Bathing	7.1	92.9	0.0	14
Private Home/With Home Health	0.0	Dressing	7.1	92.9	0.0	14
Other Nursing Homes	0.2	Transferring	0.0	100.0	0.0	14
Acute Care Hospitals	94.1	Toilet Use	0.0	100.0	0.0	14
Psych. Hosp. -MR/DD Facilities	0.0	Eating	50.0	42.9	7.1	14
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	656	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	42.9	Receiving Respiratory Care		0.0
Private Home/No Home Health	47.4	Occ/Freq. Incontinent of Bladder	14.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	24.3	Occ/Freq. Incontinent of Bowel	0.0	Receiving Suctioning		0.0
Other Nursing Homes	18.3			Receiving Ostomy Care		7.1
Acute Care Hospitals	4.7	Mobility		Receiving Tube Feeding		7.1
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		7.1
Rehabilitation Hospitals	4.2					
Other Locations	0.3	Skin Care		Other Resident Characteristics		
Deaths	0.8	With Pressure Sores	21.4	Have Advance Directives		64.3
Total Number of Discharges		With Rashes	7.1	Medications		
(Including Deaths)	662			Receiving Psychoactive Drugs		28.6

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						

	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	57.1	87.5	0.65	84.5	0.68	
Current Residents from In-County	92.9	83.6	1.11	77.5	1.20	
Admissions from In-County, Still Residing	2.0	14.5	0.14	21.5	0.09	
Admissions/Average Daily Census	4100.0	194.5	21.08	124.3	33.00	
Discharges/Average Daily Census	4137.5	199.6	20.72	126.1	32.82	
Discharges To Private Residence/Average Daily Census	2968.8	102.6	28.94	49.9	59.54	
Residents Receiving Skilled Care	100.0	91.2	1.10	83.3	1.20	
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14	
Title 19 (Medicaid) Funded Residents	0.0	66.7	0.00	69.0	0.00	
Private Pay Funded Residents	0.0	23.3	0.00	22.6	0.00	
Developmentally Disabled Residents	0.0	1.4	0.00	7.6	0.00	
Mentally Ill Residents	0.0	30.6	0.00	33.3	0.00	
General Medical Service Residents	42.9	19.2	2.23	18.4	2.33	
Impaired ADL (Mean) *	45.7	51.6	0.89	49.4	0.93	
Psychological Problems	28.6	52.8	0.54	50.1	0.57	
Nursing Care Required (Mean) *	6.3	7.8	0.80	7.2	0.87	